



2141
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)
Raymond Bero)
Serial No.: 09/677,440) Group Art Unit: 2141
Filed: September 29, 2000) Examiner: Joseph Shaw
For: Providing User Access to Dynamic) Docket No.: 050906-1170
Updating of Remote Configuration)
Information)

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FIRST RESPONSE
(WITH AMENDMENTS)

Technology Center 2100

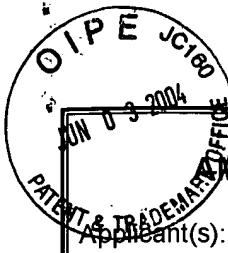
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant submits the following amendments and remarks to the non-final Office Action mailed from the United States Patent and Trademark Office on March 11, 2004 (Paper No. 6).

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that additional fees are required, beyond those which may otherwise be provided for in the documents accompanying this paper. However, in the event that additional fees are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. §1.136(a), and any fees required therefor (including fees for net additions of claims) are hereby authorized to be charged to Deposit Account 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Raymond Bero**

Docket No.

050906-1170Serial No.
09/677,440Filing Date
September 29, 2000Examiner
Joseph ShawConfirmation No.
4414Group Art Unit
2141**Invention: Providing User Access to Dynamic Updating of Remote Configuration Information**

**Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

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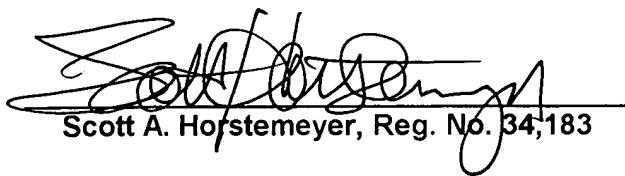
Transmitted herewith is First Response (with Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	54 -	69 =	0	X \$18.00	\$
INDEP. CLAIMS	9 -	11 =	0	X \$86.00	\$
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$145.00
EXTENSION FEE	1ST MONTH <input type="checkbox"/>	2ND MONTH <input type="checkbox"/>	3RD MONTH <input type="checkbox"/>	4TH MONTH <input type="checkbox"/>	\$
	55.00	210.00	475.00	740.00	
Other Fees:					\$
					\$0.00

No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____.
 A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of _____.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Scott A. Horstemeyer, Reg. No. 34,183

06/01/04

Date